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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: S.V. Kauffman Examiner: Safet Metjahic
Serial No.: 10/053,115 Group Art Unit: 2171
Filed: January 17, 2002 Docket No.: STL920000050US1
TITLE: METHOD, SYSTEM, AND PROGRAM FOR DEFINING ASSET CLASSES
IN A DIGITAL LIBRARY

CERTIFICATE UNDER 37 CFR 1.8:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 1, 2004.

David W. Victor

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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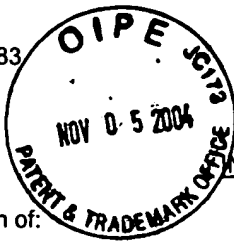
Dear Sir:

This amendment is submitted in response to the non-final office action dated July 30, 2004 ("Office Action") in which the Examiner rejected all claims 1-40 as directed to non-statutory subject matter (35 U.S.C. §101) and as indefinite (35 U.S.C. §112, par. 2) Applicants have amended certain claims to overcome these rejections and submit that all claims are directed to statutory subject matter and definite, and are now in condition for allowance.

Amendments to the Specification begin on page 2.

Amendments to the Claims are reflected in the listing of claims which begins on page 3.

Remarks/Arguments begin on page 11.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
 S.V. Kauffman)
 Serial No.: 10/053,115)
 Filed: January 17, 2002)
 For: METHOD, SYSTEM, AND PROGRAM)
 FOR DEFINING ASSET CLASSES IN A)
 DIGITAL LIBRARY)

Examiner: Safet Metjahic

Art Unit: 2171



Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith in the above-identified application is an:

X Amendment 15 pages.
X Return Postcard.

The fee has been calculated as shown below:

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TOTAL	4	MINUS 40	=	0	x	\$0	OR x 18 \$0
INDEP CLAIMS	4	MINUS 40	=	0	x	\$0	OR x 88 \$0
_____ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+	\$0	OR + 300 \$
				TOTAL		\$0	OR TOTAL \$ -0-

____ Please charge Deposit Account No. 09-0460 the amount of \$_____ to cover the extension fee and also the amount of \$_____ to cover the claim fee. A duplicate copy of this sheet is enclosed.
 ____ A check in the amount of \$_____ to cover the extension fee is enclosed.
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X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0460. A duplicate of this sheet is enclosed.
X Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
X Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Dated: November 1, 2004

David W. Victor
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David W. Victor

Date

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